MAY 14 2018

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 8
L DISCLOSURE STA	For New Members, Candidates, and New Employees	EGISLATIVE RESOURCE CENTER
MIKE ADAM TRADIAS		18 MAY 23 PM 1:51
HU:	Dayulle relepitore.	S. HOUSE OF THE CLERK
New Member of or Candidate for State:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant to	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting gh the date of filing? Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No
ATTACH THE CORRE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	3
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER <u>BOTH</u> OF THESE	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse or dependent child because they mee tee on Ethics.	tall three tests for Yes No 🛮

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MIKE ADAM TSANAS

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						Examples:			For bank and other cash accounts! interest-bearing accounts. \$5,000, list every financial inst more than \$1,000 in interest-be for rental and other real proper provide a complete address. The for an ownership interest in a pthat is not publicly traded, st business, the nature of its geographic location in Block A. Exclude: Your personal reside bornes and vacalion hornes (un income during the reporting per interest in, or income derivinities in, or income derivinities in privately-traded fur investment program, including the reporting per interest per privately-traded fur investment program, including the reporting source is that of y you shoot Eurol, please check if you so choot Eurol, please check if you so choot Eurol, please of the for a detailed discussion of Sch please refer to the instruction be for a detailed discussion of Sch please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction before the control of the please refer to the instruction the first the please in the please control of the please control of the please refer to the instruction the first the please control of the please co	r all JRAs and 1(k) plans) provi	Provide complete names of stoc (do not use only ticker symbols).	Identify (a) each ass production of income a exceeding \$1,000 at the and (b) any other reports which generated more which generated the tear.	Assets an	
				Ø	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	E	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and list geographic location in Block A. Exclude: Your personal residence, including second homes and variation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value screeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearmed" income during the year.	Assets and/or income Sources	BLOCK A
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d					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		"None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check		
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SCHEDULE A
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"UNEARNED
INCOME"

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SCHEDULE C - EARNED INCOME

Name: Page_

EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	
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INCOME LIMITS and Members and emplo professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	orohibited in The 2017 s and senio	ncome may apply to you after you limit is \$27,765. In addition, certair staff.	u are on House payroll. The 2016 in types of income (notably honoral	Imit on outside earned income for a, director's fees, and payments for
			•	Am	Amount
v.	Source (include date of receipt for honoraria)		Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)		Honorarium	\$0	\$500
Examples:	State of Maryland Civil War Roundtable (Oct. 2)		Spouse Speech	\$20,000 \$0	\$10,000
	Ontario County Board of Education		Spouse Salary	N/A	NA
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SCHEDULE D - LIABILITIES

Name: MIKE ADM TSARNES Page_

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting *Column K is for liabilities held solely by your spouse or dependent child.

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				First Bank of Wilmington, DE	Creditor		
		! 		5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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	3				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
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			Date	Identify the da continuation o employer.	SCHEDU
			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is employer.	SCHEDULE F – AGREEMENTS
			Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Mike ADAM SANAS Page b of 8

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

gordinion, and any information considered confidering as a result of a	устання пенану принавин сизрете соппрения аз а газино а римедае гавионапр гасоридае су как. Со по гарав плотнавот изка он эспасита с.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: MiKE ADAM TSARVAS Page 7 of 8

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FILER NOTES (Optional)

Name: Page 6 of 2

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